## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

request for patent fee refund					
1 Date of Request: 7-7-05 2 Serial			al/Paten	it \$	519149
3 Please refund the following fee(s):		4 PAPER NUMBEI		6 AMOUNT	
	Filing				\$ 50
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Dis	sc.			\$
	Maintenance				\$
	Assignment				\$
	Other				\$
		7 TOTAL AMOUNT \$ 50			
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
	Overpayment			Credit Dep	osit A/C #:
	Duplicate Payment		9	25 8	5/20
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: John Inder TITLE: Parales Specialist					
SIGNATURE: The analysis PHONE: 305-9140 at 211					
office: PCT - DO/EO					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room \$02B